## **Application Data Sheet**

Secrecy Order in Parent Appl.?::

## **Application Information**

Regular
Utility
None
INDUCTIVELY CHARGED BATTERY PACK
003797.00690
NO
NO
8
8 NO
NO
NO

NO

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: Charles

Family Name:: CALHOON

Name Suffix::

City of Residence:: Woodinville

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 24130 NE Woodinville Duvall Rd.

City of mailing address:: Woodinville

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98077

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Leroy

Middle Name:: B.

Family Name:: KEELY

Name Suffix::

City of Residence:: Portola Valley

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 210 Gabarda Way

City of mailing address:: Portola Valley

State or Province of mailing address:: CA

Application::	Continuity Type	::	Parent Application::	Parent Filing Date::
Domestic Priority I	nformation			
Representative Custom	er Number::	28319		
Representative Info	ormation			
Correspondence Custo	mer Number::	28319		
Correspondence Ir	nformation			
Postal or Zip Code of m	nailing address::			
Country of mailing addr				
State or Province of ma	•			
City of mailing address:	:			
Street of mailing address	SS::			
Country of Residence::				
State or Province of Re	sidence::			
City of Residence::				
Name Suffix::				
Family Name::		MITCH	IELL	
Middle Name::				
Given Name::		William	1	
Status::		Full Ca	apacity	
Primary Citizenship Co	untry::			
Applicant Authority Typ	e::	Invento	or	
Postal or Zip Code of m	nailing address::	94028		
Country of mailing addr		US		

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
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Foreign Priority Information						
Country::	Application number::	Filing Date::	Priority Claimed::			

## **Assignee Information**

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98052